

# UNIVERSIDAD VERACRUZANA

DIRECCIÓN GENERAL DE ADMINISTRACIÓN ESCOLAR

# **SOLICITUD DE INSCRIPCIÓN CRÉDITOS**

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| DATOS DEL ALUMNO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIMER APELLIDO SEGUNDO APELLIDO NOMBRE (S)** | | | | | | | | | | | | | | | | | | | | | | | | | | | ID Matrícula | | | | | | |
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| TIPO DE ALUMNO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TIPO DE ALUMNO** | | | | | | | | | | | | | **REGULAR** | | | | | | |  | | | | | **IRREGULAR** | | | | | |  | | |
| **PLAN DE ESTUDIOS** | | | | | | | | | | | | | **1999** | | | | | | |  | | | | | **2019** | | | | | |  | | |
| **DATOS ACADEMICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CARRERA** | | | | | | | | | | | **CAMPUS** | | | | | | | | | | | | | | | | **PERIODO** | | | | | | |
| **LICENCIATURA EN PSICOLOGÍA** | | | | | | | | | | | **POZA RICA - TUXPAN** | | | | | | | | | | | | | | | | **AGTO 2022-ENE 2023** | | | | | | |
| **PLAN 2019** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECCIÓN:** | | | | | | **101** | | | | | | **102** | | | | | | | **103** | | | | | | | | | **104** | | | | | |
| **ÁREA** | | | **SOCIAL Y COMUNITARIA** | | | | | | | **ORGANIZACIONAL** | | | | | | **PSICOLOGÍA DE LA EDUCACIÓN** | | | | | | **CLÍNICA Y SALUD** | | | | | | | **FORMACION TERMINAL** | | | | |
| **OPTATIVAS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLAN 1999** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ÁREA** | | | | | **SOCIAL** | | | **ORGANIZACIONAL** | | | | | | | **EDUCATIVA** | | | | | | | | **CLÍNICA** | | | | | | **TERMINAL** | | | | |
| **OPTATIVAS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NRC | EXPERIENCIA EDUCATIVA | | | | | | | | | | | | | | | | INSCRIPCIÓN | | | | | | | | | SECC | | | | SEMESTRE | | CRED | |
| 1ª. | | | 2ª.. | | | | | |
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| **TIPO DE INSCRIPCIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REINGRESO** | |  | | **TRASLADO** | | |  | | **POR REVALIDACIÓN O EQUIVALENCIA DE ESTUDIOS** | | | | | | | | | | | |  | | | **REINGRESO DE BAJA TEMPORAL** | | | | | | | | |  |
| **NOMBRE Y FIRMA SECRETARIA DE CONTROL ESCOLAR, SELLO DE PROCESADA** | | | | | | | NOMBRE Y FIRMA DE TUTOR ACADÉMICO | | | | | | | | | | | **Nombre y Firma secretaria de Control Escolar** | | | | | | | | | | | | | | | |
| **ADEUDO DE EXPERIENCIAS EDUCATIVAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EXPERIENCIA EDUCATIVA** | | | | | | | | | | | | | | **NRC** | | | | | | | | | | | | | | | | | | | |
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| POZA RICA DE HIDALGO VER., A \_\_\_ DE AGOSTO DEL 2022  **DRA LUCILA M. PÉREZ MUÑOZ DR. JORGE DURAN CRUZ**  **FIRMA DEL ALUMNO DIRECTORA SECRETARIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

\* Este trámite está sujeto a la revisión de la escolaridad.